



HAWAII STATE ETHICS COMMISSION ORGANIZATIONS'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, ASB Tower 970
Honolulu, Hawaii 96809
(P.O. Box 616, Honolulu, Hawaii 96809)
Tel: (808) 587-0460 Fax: (808) 587-0470
email: ethics@hawaiiethics.org
web site: www.hawaii.gov/ethics

HHH
MAY -3 11:48:53
STATE OF HAWAII
ETHICS COMMISSION

For lobbying reporting period: Contact Person Murray Towill Phone 923-0407
[] January 1 – last day of February Organization Hawai'i Hotel & Lodging Association
☒ March 1 – April 30 Mailing Address 2270 Kalakaua Avenue, Suite 1506
[] May 1 – December 31 Honolulu, HI 96815
Year of Report 2007

PART I TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$3,519.13

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	-0-	7. Entertainment	-0-
2. Media advertising	-0-	8. Food & beverages	\$250.00
3. Telegraph, telephone, & other forms of communication	-0-	9. Gifts	-0-
4. Postage	-0-	10. Loans	-0-
5. Compensation paid to lobbyists	\$3,269.13	11. Other disbursements	-0-
6. Fees (other than to lobbyists)	-0-	TOTAL EXPENDITURES	\$3,519.13

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
George Morris	222 Vineyard Blvd, #401, Honolulu, HI 96813	\$ 416.66
Murray Towill	2270 Kalakaua Avenue, Suite 1506, Honolulu, HI 96815	\$ 2,412.74
Tina Garcia	2270 Kalakaua Avenue, Suite 1506, Honolulu, HI 96815	\$ 439.73

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions in the total sum of \$25 or more per person were received from the following persons:

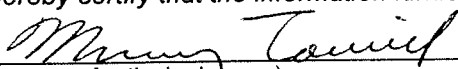
Name & Address	Amount or value

PART III SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of authorized person)

May 2, 2007
(Date)

Name of authorized person (type or print) Murray Towill

Title of authorized person President